

Case Number:	CM15-0016537		
Date Assigned:	02/05/2015	Date of Injury:	10/29/2008
Decision Date:	03/25/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old female who sustained an industrial related injury on 10/29/08. The injured worker had complaints of right neck pain radiating into her right shoulder. Medications included Norco, Pristiq, Lamictal, Tizanidine, Ambien, and Clonazepam. Diagnoses included status post C2-3 and right C3-4 facet joint medial branch block, right upper cervical facet joint pain at C2-C4, right lower cervical facet joint pain at C4-7, cervical facet joint arthropathy, cervical disc bulge, cervical sprain/strain, cervicogenic headaches, post-concussive headaches, post-concussive syndrome, mild traumatic brain injury with cognitive deficits, depression, anxiety, and sleep disturbance. The treating physician requested authorization for Klonopin 0.5mg #30 with 2 refills. On 1/9/15 the request was modified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted benzodiazepines are not recommended for long term used. The medical records indicated an ongoing prescription of Klonopin well beyond 2 weeks. The request was modified to a quantity of 25 with no refills for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Klonopin 0.5mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Klonopin 0.5mg #30 with 2 refills is not medically necessary for long term use but given this medication is a benzodiazepine, it is appropriate to set a weaning protocol to avoid adverse and even fatal effects. CA MTUS page 24 states that "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. They're ranging actions include sedative/have not it, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines for the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety; therefore the requested medication is not medically necessary.